

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Indian Health Service

Refer to: DPM

ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 89-01

VOLUNTEER SERVICE

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1. PURPOSE. This instruction implements 42 U.S.C. 217 (b) and 45 CFR Part 57 which authorizes the Albuquerque Area IHS to accept, on behalf of the United States Government, volunteer services in operating a health care facility or in providing health care.
2. REFERENCES.
 - A. 42 U.S.Code 217(b)
 - B. 45 CFR Part 57
 - C. FPM 810
 - D. FPM Supplement 296-33, Subchapter 33
 - E. HHS Instruction 930-2
 - F. HHS Instruction 451-1
 - G. IHM Part 1, Chapter 6, Program Administration
 - H. RPO, Region VI, Guide to the Acceptance of Volunteer Services
3. BACKGROUND. This instruction is intended to formalize policies and requirements within Albuquerque Area Indian Health Service for establishing a volunteer service program. This guide will describe the benefits for volunteer programs.

Distribution: All Indian Health Service Manual Holders
All Albuquerque Area Program Managers
Service Unit Personnel Management Specialists

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4. DEFINITIONS.

- A. Volunteer Services are services performed by individuals (hereafter called volunteers) whose services have been offered to the Government and accepted under a formal agreement on a without compensation basis for use in the operation of a health care facility or in the provision of the health care.
- B. Health Care means services to patients in Department facilities, beneficiaries of the Federal Government, or individuals or groups for whom health services are authorized under the programs of the Department.
- C. Health Care Facility means a hospital, clinic, health center, or other facility established for the purpose of providing health care.
- D. Student Volunteer Services are agreements made with educational institutions such as a college or university to provide practical experience for students providing health care (See Student Volunteer Service, AAIHS Circular No. 89-02).

5. VOLUNTEER SERVICE PROGRAM PROCEDURES. Programs for the use of volunteer services may be established by the Area Director, Albuquerque Area Indian Health Service, or Associate Director or Service Unit Director (SUD) to broaden and strengthen the deliver of health services, contribute to the comfort and well-being of patients in Area hospitals or clinics, or to expend the services required in the operation of a health care facility.

- A. Volunteers may be used to supplement but not to take place of personnel whose services are obtained through usual employment procedures.
- B. Volunteer service programs shall be conducted under the supervision and control of Albuquerque Area officials.
- C. The services of volunteers may be accepted only in accordance with an established volunteer services program (VSP).
- D. Paid employees of any organization may not serve as volunteers except when their services are: (1) beyond the scope of the volunteers functions and the scheduled hours of the volunteers' work is outside the work hours of the organization; and (2) offered to meet the needs for volunteer services under a VSP.

- E. To establish a VSP, a Volunteer Service Program Document (VSPD) must be prepared for the approval and signature of the SUD/Associate Director. This document must be signed and appropriate letter(s) of authorization issued to the volunteer(s), as directed in item F below, prior to such services being performed.
- F. As a minimum, the VSPD will include (See Exhibit 1):
- (1) A description of the kinds of services to be rendered by volunteers and, if it is proposed to assign the volunteer(s) work similar or identical to that assigned to paid employees, a certification that the volunteer(s) will be supplementing the services of paid employees and will not be used to displace paid employees;
 - (2) Information concerning the source of volunteers (this is, whether the volunteer's service will be offered in an individual capacity or as a member of a civic, fraternal, social, religious, or other organization which offers the voluntary service of its organization to this Area);
 - (3) A description of how the volunteer service program will be administered (this is, how volunteers will be selected; what, if any physical qualification requirements will apply; what supervision will be provided to the volunteers and by whom; how volunteer work will be scheduled to ensure proper supervision; what services/benefits, such as injury compensation, torts claim coverage, uniforms, meals, quarters, medical treatment or examination, transportation expenses, operation of a government vehicle, etc., will be provided to the volunteers; and so forth);
 - (4) Plans for giving appropriate recognition to volunteers;
 - (5) A description of any other records in addition to the required VSPD and letter of authorization, that will be maintained for each volunteer (such as records of appointment, actual hours worked, records of work load accomplishment, performance records, resignation, etc.);
 - (6) A signature element and date line for the SUD/Associate Director to document the approval of the VSPD;
 - (7) The Program Manager/SUD/Associate Director will perform a procedural/technical review of the VSPD and make any necessary additions, deletions or modifications to the agreement; prepare any letter(s) of authorization; and obtain the required signatures for the agreement; and

- (8) After the SUD's/Associate Director's signature is obtained, the Program Manager will mail the letter(s) of authorization to the volunteer(s) for signature. Upon return of each volunteer's signed letter of authorization the Program Manager will: notify the SUD/Associate Director of the volunteer's acceptance of the conditions of the VSPD; notify the SUD/Associate Director that he/she may put the volunteer to work (see Section 10. Records); process a SF-50B effecting a volunteer service appointment and incorporate the letter of authorization into the volunteer's Official Personnel Folder (OPF) along with the SF-50B. (NOTE: When such service terminates, an additional SF-50B will be processed to record the date of termination.)
- 6. AUTHORITY TO ACCEPT VOLUNTEER SERVICES. The services of Volunteer Service Program are approved by the SUD/Associate Director as appropriate. (See Exhibit 3).
- 7. SELECTION.
 - A. Initial selection of student volunteers who are members of (voluntary) organizations will be the responsibility of their respective organizations. Final selection for placement of student volunteers who are member of organizations, and selection of individual volunteers, will be the responsibility of Program Manager/SUD. Area Director will resolve issues pertaining to the selection of volunteers.
 - B. Evidence of satisfactory medical condition of prospective volunteers are required if they are involved in direct patient care.
 - C. Volunteers are not subject to the investigative requirements of Executive Order 10450, Security Requirements for Government Employment. However, the same tests as to character, reputation, and fitness applicable to regular Federal employment should be considered in accepting volunteer service.
 - D. Federal, state and local standards for minors will be followed in accepting volunteer services from persons 16 to 18 years of age.
 - E. Volunteers are not required to be U. S. citizens.
- 8. COMPENTATION. Volunteer Service Programs must be on a "without compensation" basis. This precludes monetary payments or any other form of compensation by the Area not authorized in this instruction.

9. AUTHORIZATION TO SERVE.

- A. Volunteers who “offer” their services under an established VSP will be authorized to serve by a letter of authorization prepared by the Program Manager and signed by the Associate Director/Service Unit Director. Two copies of the letter will be sent to each volunteer who will keep the original and will return the second copy, appropriately signed to the APO. (See Exhibit 2)
- B. Upon receipt of the return copy of the letter of authorization, notification of interested parties will be made by the Program Manager.
- C. Volunteer agreements may be terminated at any time by either party to the agreement.

10. RECORDS.

- A. As a minimum, (see Exhibit 5), the volunteer must have an SF-171, SF-52 and statement of duties (if appropriate be submitted to the APO at the time the proposed agreement is submitted to the APO). At the time the volunteer is terminated, a “Termination SF-52,” will be submitted to the APO.
 - (1) Statement of duties is a narrative of duties and responsibilities signed by the supervisor, e.g., letter, established position description, or listing of duties. See Exhibit 4.
 - (2) SF-171 listing complete work history and educational training.
 - (3) SF-78 for volunteers involved with direct patient care.
 - (4) SF-177 for volunteers involved in non-direct patient care.
 - (5) Copy of current license (e.g., Medical Officer, Nurse).
- B. An Official Personnel Folder (SF-66) must be maintained for each volunteer appointment and termination must be documented on a Notice of Personnel Action (SF-50B), in accordance with FPM Supplement 296-33, Subchapter 33.
- C. The copy of the letter of authorization signed by the volunteer must be placed in the Official Personnel Folder along with any other documentation prescribed in the volunteer agreement.

11. SERVICES AND BENEFITS.

- A. Meals may be provided to volunteers without charge when the scheduled assignment extends over an established meal period.
- B. Quarters
 - (1) In case of emergency or when necessitated by the special nature of the volunteer agreement, quarters may be furnished temporarily at no charge to volunteers.
- C. Medical Treatment and Examinations
 - (1) Physical examinations, if considered by the official accepting volunteer services to be necessary for the protection of volunteers or patients, may be administered in Area facilities without charge to the individual. If the services of a private physician are used, however, the cost of the examination must be paid by the volunteer.
 - (2) Emergency outpatient treatment for injuries sustained while performing assigned volunteer services will be provided. Volunteers may also be provided temporary care and treatment in Area facilities under the same circumstances and to the same extent such care and treatment is available to paid employees. Payment of medical expenses for injuries sustained while on duty may be covered by OWCP.

12. AWARDS AND RECOGNITION.

- A. Officials responsible for administering volunteer service programs are also responsible for developing an appropriate plan to recognize the contribution made by volunteers. Cash awards may not be given, but certificates of service or similar forms of recognition are appropriate.
- B. Under the provisions of DHHS Instruction 451-1, a volunteer, or group of volunteers, may be nominated for the DHHS Volunteer Award. (DHHS Instruction 451-1, Exhibit 451-1-E)

Josephine T. Waconda for

11/13/89
Josephine T. Waconda
Assistant Surgeon General

Director, Albuquerque Area
Indian Health Service

VOLUNTEER SERVICE PROGRAM DOCUMENT
XYZ SERVICE UNIT – DEPARTMENT OF _____

- I. KINDS OF SERVICE TO BE PERFORMED:
- II. SOURCE OF VOLUNTEERS:
- III. ADMINISTRATIVE CONCERNS:
 - A. METHODS OF SELECTION:
 - B. SUPERVISORY CONTROLS:
 - C. PHYSICAL QUALIFICATION REQUIREMENTS:
 - D. SCHEDULING HOURS OF WORK:
 - E. BENEFITS AND SERVICES FOR THE VOLUNTEER(S):
 - F. RECOGNITION AND AWARDS PLAN:

APPROVED:

Volunteer Date

Clinical Director Date

Service Unit Director Date

LETTER OF AUTHORIZATION

Dear _____:

Having met the requirements for service under the volunteer service program of the _____ (name of organization), you are hereby authorized to serve without compensation as a volunteer at _____ (name and location of health care facility). Your acceptance of the opportunity to serve on such a basis means that you waive all claim to pay for services rendered.

While serving as a volunteer, you are bound by the Department's regulations concerning Standards of Conduct and Conflict of Interest.

(Include paragraph about arrangements, as appropriate).

Your interest in the health needs of the people we serve is deeply appreciated, and we are grateful for the assistance you are willing to provide in meeting these needs.

Please sign the enclosed copy of this letter in the space provided below and return it to us in the enclosed envelope.

Sincerely,

(Name of SUD/Associate Director)
Service Unit Director/Associate Director
Albuquerque Area Indian Health Service

Enclosure

I accept the opportunity to provide volunteer service as offered above and agree to the conditions stated. I understand that this agreement may be terminated at any time either by myself or the Area Director, Albuquerque Area Indian Health Service or Service Unit Director/Associate Director where I am performing my volunteer services.

Signature

Date

VOLUNTEER SERVICE PROGRAM DOCUMENT FOR PHYSICIANS
At _____ Service Unit

I. KINDS OF SERVICES TO BE PERFORMED:

Physicians providing volunteer service will function as members of the medical staff, providing direct patient care in both inpatient and outpatient settings. This may include any and all medical responsibilities and procedures regularly performed by the paid medical staff, including emergency care, obstetrics, and service in outlying clinics. This work will supplement the services of the paid medical staff, and will not be used to displace any paid employee.

II. SOURCE OF VOLUNTEERS:

The services of the volunteer physician will be offered solely in an individual capacity, and not as a member of any organization.

III. ADMINISTRATIVE CONCERNS:

A. METHOD OF SELECTION:

Physician candidates for volunteer service may apply to the Clinical Director at least three months in advance of the anticipated date of start of service. Candidates must have an MD or OD degree from an accredited School of Medicine; have completed at least one year of hospital residency training in a primary care specialty at an accredited program in North America; and be licensed to practice medicine in the United States. Candidates will complete the usual request for medical staff credentials, which must then be approved by the Credential Committee of the medical staff at the _____ Service Unit before the start of service.

B. SUPERVISORY CONTROLS:

Supervision will be provided by the Clinical Director. Review of decision-making and performance in the outpatient setting will be provided upon request from the volunteer. Review of emergency, obstetric and inpatient care will be effected in the setting of daily morning rounds, as for all the medical staff. Arrangements for scheduling night call and leave time will be made in advance with the Clinical Director.

C. PHYSICAL QUALIFICATION REQUIREMENTS:

The candidate must be physically fit to work the 50 to 60 hour-week of a physician, including night and weekend call.

D. SCHEDULING HOURS OF WORK:

The Clinical Director will schedule the hours of work for the physician volunteer, as for all the medical staff.

E. BENEFITS AND SERVICES FOR THE VOLUNTEER(S):

Tort claim coverage is provided under the Federal Tort Claim Act, as for all the medical staff. Quarters will be provided free of charge, including basic furniture, bedding and utilities such as heat, gas, and electricity. The volunteer will be eligible for OWCP should an injury occur on the job. The volunteer will also receive free medical care at the facility for injury or illness which is work related. No health insurance is provided, and it is the responsibility of the volunteer to carry adequate health insurance for himself/herself and his/her dependents during the period of service. Hot meals including dinner and breakfast are provided only for the nights when the volunteer is on call. No uniform is provided. No other benefits or compensation are provided.

F. RECOGNITION AND AWARD PLAN:

A letter of appreciation acknowledging the service rendered will be presented by the Clinical Director at the end of the period of service.

Approved:

Volunteer Date

Clinical Director Date

Service Unit Director Date

DESCRIPTION OF WORK FOR VOLUNTEER SERVICE

Major Duties

Elicits clinical history including a systematic review of present illness, past medical history, family and social history.

Performs physical examinations as needed to diagnose presence of an acute or chronic pathological process.

Order laboratory procedures to be performed such as complete blood counts, urinalysis, blood sugar and serum electrolytes, etc., as necessary to diagnose, confirm or rule out pathological process.

Orders routine X-rays as indicated. Orders other routine radiographic studies such as upper and lower GI series, intravenous pyelograms, and cholecystograms, involving radiographic contrast media with physician approval.

Prescribes medication based on standing orders, previous training, and consultation with preceptor.

Treats minor surgical problems such as lacerations, ingrown toenails and abscesses. Evaluates, treats as feasible, and refers patients with serious traumatic injuries, the treatment of which is beyond the scope of his abilities. Serious problems are to be referred appropriately.

Applies casts to the extremities under supervision and determines the appropriate course of immobilization. Immobilizes or protects, refers and transports persons with fractures. Refers persons with correctible bone abnormalities. Identifies dislocations, immobilizes or reduces, refers persons with possible ligaments, tendon or nerve injuries.

Distinguishes between normal and complicated prenatal courses and refers appropriately to physicians or specialists. Ethically, competently and compassionately treats gynecological problems. Provides family planning services in accordance with his/her teaching and training. No surgical contraceptive procedures are to be performed.

Participates in an "on-call" system, in addition to serving a designated assignment. In emergencies the incumbent may be called upon to provide medical assistance even though the incumbent may not be "on-call."

Supervision

Incumbent receives supervision from the Service Unit Clinical Director and as assigned staff medical preceptor.

All treatment rendered by the incumbent must be countersigned on the chart by a physician. Delegation of authority for independent duty function by the incumbent will come from the supervisory physician who is ultimately and legally responsible for the treatment management.

The work is reviewed after each case or through medical record review for appropriateness of diagnosis and treatment. The medications are countersigned before it is prescribed to the patient.

Clinical Director

Date

_____ Service Unit

CHECK LIST FOR VOLUNTEERS

- _____ SF-52, Requesting Appointment for Volunteer
- _____ SF-171, Listing of Complete Work History and Educational Training
- _____ SF-78, Health Record for Volunteer Involved in Direct Patient Care
or SF-177, Statement of Physical Ability for Light Duty Work
- _____ Copy of the Agreement for Volunteer
- _____ Copy of the Letter Signed by Volunteer Accepting the Volunteer Employment
- _____ Copy of the Position Description/Description of Duties Signed by the Supervisor
- _____ Copy of current License (e.g., Medical Officer, Nurse)
- _____ Other Documents Prescribed by Volunteer Agreement